

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/582337**

FILING DATE  
**18 SEP 2000**

APPLICANT(S)

*Jamatani*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
104	1					
105		1				
106		1				
107		1				
108		1				
109		1				
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121		1				
122						
123		1				
124						
125						
126						
127	1	1				
128		2				
129		2				
130		2				
131		2				
132		2				
133		2				
134		2				
135		2				
136						
137						
138						
139						
140						
141						
142		2				
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	2	21				
TOTAL DEP.	16	24				
TOTAL CLAIMS	18	26				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
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58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**BEST AVAILABLE COPY**